

**NOTIFICATION OF DEMOLITION AND RENOVATION**

**I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)**

OWNER: Dormitory Authority - State of New York

Address: 515 Broadway

City: Albany

State: NY

Zip: 12207

Contact: Carl Waldenmaier

Tel: 914-251-4432

REMOVAL CONTRACTOR: Suburban Restoration Co., Inc.

Address: P.O. Box 28

City: Hawthorne

State: NY

Zip: 07507-0028

Contact: Roman Markovic

Tel: 973-427-2370

OTHER OPERATOR: N/A

Address:

City:

State:

Zip:

Contact:

Tel:

II. TYPE OF NOTIFICATION (O = Original/R = Revised): O

III. TYPE OF OPERATION (D = Demolition/R = Renovation): R

IV. IS ASBESTOS PRESENT? (Yes/No) Yes

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name: SUNY PURCHASE Bldg. #45

Address:

Address: 735 Anderson Hill Road

City: Purchase

State: NY

County: Westchester

Site Location: Various locations

Building Size

SqMeter:

SqFt: 500,000

# of Floors: 3

Age in Years: ±50

Present Use: Dormitory

Prior Use: Dormitory

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Bulk Sampling

VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.

RACM To  
Be Removed

Nonfriable Asbestos Mat-  
erial Not to Be Removed

Category I

Category II

Pipes - Linear Feet

Pipes - Linear Meters

Surface Area - Square Feet

12,924 8,535

Surface Area - Square Meters

Volume RACM Off Facility Component - Cubic Feet

Volume RACM Off Facility Component - Cubic Meter

24

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)

Start: 6/26/11 Completion: 6/21/12

IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)

Start: Completion:

Continued on page two

Figure 1. Notification of Demolition and Renovation



NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
*Abatement of 12x12 VAT, mastic, textured popcorn ceilings, dry wall/joint compound, via all necessary and appropriate fed., state and local rules and regulations*

XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: *All applicable and appropriate controls and work practices will be utilized in furtherance of properly performing this abatement work.*

XII. WASTE TRANSPORTER #1

Name: *STG, Inc*

Address: *58 Pyles Lake*

City: *New Castle*

State: *DE*

Zip: *19720*

Contact Person: *Dave or Randy*

Telephone: *877-999-9559*

WASTE TRANSPORTER #2

Name: *N/A*

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: *Minerva Landfill*

Address: *9000 Minerva Rd.*

City: *Waynesburg*

State: *OH*

Zip: *44688*

Telephone: *303-866-3435*

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER. *In the unlikely event of an unexpected asbestos release or otherwise, all necessary and appropriate federal, state and local rules and reg. will be followed to contain such an unlikely event properly*

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

*Roman Markow Roman Markow*

*Roman Markow*  
 (Signature of Owner/Operator)

*6/8/11 8/2/11*  
 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

*Roman Markow Roman Markow*

*Roman Markow*  
 (Signature of Owner/Operator)

*6/8/11 8/2/11*  
 (Date)

NOTIFICATION OF DEMOLITION AND RENOVATION

223997

<b>I. FACILITY INFORMATION</b> (Identify owner, removal contractor, and other operator)				
OWNER: <u>Dormitory Authority - State of New York</u>				
Address: <u>515 Broadway</u>				
City: <u>Albany</u>	State: <u>NY</u>	Zip: <u>12207</u>		
Contact: <u>Carl Waldenmaier</u>		Tel: <u>914-251-4432</u>		
REMOVAL CONTRACTOR: <u>Suburban Restoration Co., Inc.</u>				
Address: <u>P.O. Box 28</u>				
City: <u>Hawthorne</u>	State: <u>NJ</u>	Zip: <u>07507-0028</u>		
Contact: <u>Roman Markovic</u>		Tel: <u>973-427-2370</u>		
OTHER OPERATOR: <u>N/A</u>				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
<b>II. TYPE OF NOTIFICATION</b> (O = Original/R = Revised): <u>O</u>				
<b>III. TYPE OF OPERATION</b> (D = Demolition/R = Renovation): <u>R</u>				
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No) <u>Yes</u>				
<b>V. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number)				
Bldg Name: <u>SUNY PURCHASE Bldg. #45</u>				
Address:				
Address: <u>735 Anderson Hill Road</u>				
City: <u>Purchase</u>	State: <u>NY</u>	County: <u>Westchester</u>		
Site Location: <u>Various locations</u>				
Building Size	SqMeter:	SqFt: <u>500,000</u>	# of Floors: <u>3</u>	Age in Years: <u>±50</u>
Present Use: <u>Dormitory</u>		Prior Use: <u>Dormitory</u>		
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <u>Bulk Sampling</u>				
<b>VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.</b>				
		RACM To Be Removed	Nonfriable Asbestos Mat- erial Not to Be Removed ----- Category I	Category II
Pipes - Linear Feet				
Pipes - Linear Meters				
Surface Area - Square Feet		<u>8,535</u>		
Surface Area - Square Meters				
Volume RACM Off Facility Component - Cubic Feet				
Volume RACM Off Facility Component - Cubic Meter				
<b>VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)</b>		Start: <u>6/22/11</u> Completion: <u>6/21/12</u>		
<b>IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)</b>		Start:                      Completion:		

Continued on page two

Figure 1. Notification of Demolition and Renovation



NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> <i>Abatement of 12x12 VAT, mastic, textured popcorn ceilings, dry wall/joint compound, via all necessary and appropriate fed., state and local rules and regulations</i>			
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Name: <i>STG, Inc.</i>			
Address: <i>58 Pyles Lane</i>			
City: <i>New Castle</i>	State: <i>DE</i>	Zip: <i>19720</i>	
Contact Person: <i>Dave or Randy</i>		Telephone: <i>877-999-9559</i>	
<b>WASTE TRANSPORTER #2</b>			
Name: <i>N/A</i>			
Address:			
City:	State:	Zip:	
Contact Person:		Telephone:	
<b>XIII. WASTE DISPOSAL SITE</b>			
Name: <i>Minerva Landfill</i>			
Address: <i>9000 Minerva Rd.</i>			
City: <i>Waynesburg</i>	State: <i>OH</i>	Zip: <i>44688</i>	
Telephone: <i>303-866-3435</i>			
<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
<b>XV. FOR EMERGENCY RENOVATIONS</b>			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:			
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<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b> <div style="text-align: right;"> <i>Ronan Mahow</i>      <i>6/8/11</i>              _____ (Signature of Owner/Operator)      (Date)           </div>			

Figure 1. Notification of Demolition and Renovation